



## Healing Rooms of Broken, Loved, Healed

9749 E. Richview Road  
Mount Vernon, IL 62864  
833-HE HEALS (833-434-3257)

### Team Information Sheet

- Name: \_\_\_\_\_  
(First) (Middle) (Last)
- Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)
- Phone: Res \_\_\_\_\_ Cell \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- Male\_\_Female\_\_Single \_\_Married\_\_Divorced\_\_ Separated\_\_Widowed\_\_
- E-Mail \_\_\_\_\_
- Spouse's Name: \_\_\_\_\_ Anniversary: \_\_/\_\_/\_\_ Birthday: \_\_/\_\_/\_\_
- Do you know Jesus Christ as your Lord and Savior? \_\_\_\_ How many years? \_\_\_\_
- Home Church: \_\_\_\_\_ Phone: \_\_\_\_\_
- Are you ordained? \_\_\_\_ If yes, Affiliation? \_\_\_\_\_
- Special Training and/or experience: \_\_\_\_\_  
\_\_\_\_\_
- Commitment / Availability: \_\_\_\_\_
- Personal Skills &/or Talents: i.e. (singer, musician, computer, office skills, hospitality, painting, cleaning, carpentry, etc.)  
\_\_\_\_\_
- Do you want to receive the newsletter? \_\_\_\_ yes \_\_\_\_ no  
\_\_\_\_\_

#### **Below filled out by Healing Rooms**

**Date completed Healing Rooms Training \_\_\_\_\_, Pastoral Letter Received Yes/No**

**Interview Date \_\_\_\_\_ Interviewed by \_\_\_\_ & \_\_\_\_ Received Prayer Date \_\_\_\_\_**

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